PLEASE PRINT NAME/ADDRESS CHANGE **Annuitant Social Security Number** Current Last Name First Name, Middle Init. FOR OFFICE USE ONLY FM 10 **SEQUENCE NO. PROGRAM TYPE Change Name to** First Name, Middle Init. CODE MAILING/HOME ADDRESS □ ST Н (Use this line only if third address line is needed) \square WR Box No. or Street Return this form to: DEPARTMENT OF EMPLOYE TRUST FUNDS City, State Zip Code P.O. Box 7931 Madison, WI 53707-7931 Enter "F" if payment mailing address is foreign Date Change To Be Made Signature of Annuitant ET-2815 (REV 8/97) NAME/ADDRESS CHANGE PLEASE PRINT **Annuitant Social Security Number**

Annuitant Social Security Number

Current Last Name First Name, Middle Init.

A Change Name to First Name, Middle Init.

MAILING/HOME ADDRESS

(Use this line only if third address line is needed)

Box No. or Street

City, State Zip Code

FOR OFFICE USE ONLY					
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Return this form to:
DEPARTMENT OF EMPLOYE TRUST FUNDS
P.O. Box 7931
Madison, WI 53707-7931

Date Change To Be Made Signature of Annuitant

ET-2815 (REV 8/97)

Enter "F" if payment mailing address is foreign

PLEASE PRINT

NAME/ADDRESS CHANGE

	Annuitant Social Security Nu	mber		
	Current Last Name	First Name, M	liddle Init.	
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Date Change To Be Made	Signature of Annuitant